## Missouri State Archives Post-1910 Death Certificate Copy Request Form

## PLEASE READ THIS FORM CAREFULLY BEFORE SUBMITTING IT

	Mail Form and Payment:		Missouri State Archives 600 W Main Street PO Box 1747 Jefferson City, MO 65102	
		Γ	Total Amount Due	: \$
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Name	County	Date of Death	Certificate #	# of Copies
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Missouri Post-1	910 Death Rec	ords Access and F	Reproduction Pol	icy
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